ALDEN MEADOW PARK HCC

709 MEADOW PK DR PO BOX 309
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CLINTON 53525 Phone: (608) 676-2202		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	94	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	94	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	83	Average Daily Census:	83

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	   Less Than 1 Year   1 - 4 Years	56.6 30.1
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	   Under 65	13.3	1 - 4 lears   More Than 4 Years	13.3
Day Services	No	Mental Illness (Org./Psy)	45.8	65 - 74	9.6		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	22.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	7.2	95 & Over	8.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.4			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	6.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	9.6	65 & Over	86.7		
Transportation	No	Cerebrovascular	3.6			RNs	4.7
Referral Service	No	Diabetes	12.0	Gender	%	LPNs	10.3
Other Services	No	Respiratory	4.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	8.4	Male	30.1	Aides, & Orderlies	39.8
Mentally Ill	No			Female	69.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		edicare			Medicaid 'itle 19			Other		:	Private Pay	9		amily Care		]	Managed Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	ે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	3	4.8	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.6
Skilled Care	7	100.0	346	60	95.2	155	0	0.0	0	10	100.0	179	0	0.0	0	3	100.0	500	80	96.4
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		63	100.0		0	0.0		10	100.0		0	0.0		3	100.0		83	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12,	31/04
Deaths builing Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	10.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	9.2	Bathing	0.0		77.1	22.9	83
Other Nursing Homes	9.2	Dressing	21.7		42.2	36.1	83
Acute Care Hospitals	64.2	Transferring	37.3		41.0	21.7	83
Psych. HospMR/DD Facilities	0.0	Toilet Use	31.3		48.2	20.5	83
Rehabilitation Hospitals	0.8	Eating	55.4		31.3	13.3	83
Other Locations	5.8	*******	******	*****	*****	*******	*****
Total Number of Admissions	120	Continence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	9.6	Receiving Resp	iratory Care	12.0
Private Home/No Home Health	14.0	Occ/Freq. Incontiner	ıt of Bladder	50.6	Receiving Trac	heostomy Care	1.2
Private Home/With Home Health	21.5	Occ/Freq. Incontiner	it of Bowel	44.6	Receiving Suct	ioning	0.0
Other Nursing Homes	9.9				Receiving Osto	omy Care	3.6
Acute Care Hospitals	14.9	Mobility			Receiving Tube	: Feeding	2.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	30.1
Rehabilitation Hospitals	0.0						
Other Locations	5.0	Skin Care			Other Resident C	haracteristics	
Deaths	34.7	With Pressure Sores		2.4	Have Advance D	irectives	89.2
Total Number of Discharges		With Rashes		2.4	Medications		
(Including Deaths)	121	İ			Receiving Psyc	hoactive Drugs	57.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility			Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.3	88.5	1.00	89.0	0.99	90.5	0.98	88.8	0.99
Current Residents from In-County	81.9	80.0	1.02	81.8	1.00	82.4	0.99	77.4	1.06
Admissions from In-County, Still Residing	33.3	17.8	1.87	19.0	1.75	20.0	1.67	19.4	1.72
Admissions/Average Daily Census	144.6	184.7	0.78	161.4	0.90	156.2	0.93	146.5	0.99
Discharges/Average Daily Census	145.8	188.6	0.77	163.4	0.89	158.4	0.92	148.0	0.99
Discharges To Private Residence/Average Daily Census	51.8	86.2	0.60	78.6	0.66	72.4	0.72	66.9	0.77
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	86.7	92.4	0.94	93.7	0.93	91.8	0.95	87.9	0.99
Title 19 (Medicaid) Funded Residents	75.9	62.9	1.21	60.6	1.25	62.7	1.21	66.1	1.15
Private Pay Funded Residents	12.0	20.3	0.59	26.1	0.46	23.3	0.52	20.6	0.59
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	45.8	31.7	1.45	34.4	1.33	37.3	1.23	33.6	1.36
General Medical Service Residents	8.4	21.2	0.40	22.5	0.37	20.4	0.41	21.1	0.40
Impaired ADL (Mean)	47.0	48.6	0.97	48.3	0.97	48.8	0.96	49.4	0.95
Psychological Problems	57.8	56.4	1.03	60.5	0.96	59.4	0.97	57.7	1.00
Nursing Care Required (Mean)	6.8	6.7	1.01	6.8	0.99	6.9	0.98	7.4	0.91